

EXHIBIT A

**IN THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF PENNSYLVANIA**

DERRICK A. RANKINE,)
)
Plaintiff,) **Civil Action No. 03-313E**
)
V.)
)
SUPERINTENDENT RAYMOND J.) **Judge Sean J. McLaughlin**
SOBINA; UNIT MANAGER McNELIS;) **Mag. Judge Susan Paradise Baxter**
UNIT COUNSELOR HUGHES; C.O.)
TROJAN; UNIT MANAGER)
MAILMAN; C.O. HECKMAN; UNIT)
COUNSELOR HERDMAN; SGT.)
CASTINA; MEMBERS OF THE PRC;)
HEARING EXAMINER CROSS;)
MARY ANN BERTOLINO; LT.)
STEVE SIMOSKO; C.O. MUNION;)
C.O. PRITTS; C.O. CHAPLEY; C.O.)
FEY; C.O. LUKE; C.O. HEISS; C.O.)
HUBER; C.O. KROMELL; SGT.)
STAYER; SGT. DELOSH; LT. T. J.)
WILSON; JOSEPH; MOLLIGAN,)
)
Defendants.) **Electronically Filed.**

DECLARATION OF TRACY POLLOCK

I, Tracy Pollock, verify that the foregoing information is true and correct to the best of my personal knowledge or information and belief.

1. I am presently employed by the Commonwealth of Pennsylvania, Department of Corrections, as an Administrative Officer II in the Grievance Review Office. As part of my duties, I am responsible for reviewing grievance records of appeals. The Secretary's Office of Inmate Grievances and Appeals conducts the final review of inmate grievances, in accord with Administrative Directive 804. This directive is part of the Inmate Handbook, which is provided to each inmate and serves as the rules and regulations of the institution.

2. A grievance must be appealed through all administrative levels of appeal at an inmate's institution and the Department of Corrections. DC-ADM 804 outlines the necessary steps.

3. DC-ADM 804 requires that an initial grievance be filed within 15 days of the events alleged in the grievance. Grievances that are filed late are dismissed as untimely.

4. When an initial grievance is received, it is assigned a number by the facility grievance coordinator. That number appears in the space provided on the upper right hand corner of the grievance. Once the grievance is numbered, the facility grievance coordinator signs and dates the grievance on the lines provided at the bottom of the grievance form, confirming that the "grievance has been received and will be processed in accordance with DC-ADM 804."

5. The goldenrod carbon copy of the now-numbered and signed grievance is returned to the inmate, and the original grievance is retained for Initial Review.

6. Once an inmate has complied with all of the procedural requirements and a grievance has received Initial Review, an inmate can file an Appeal from Initial Review to the Superintendent.

7. Once an inmate has received a disposition of an appeal from Initial Review, an inmate may appeal to the Secretary's Office of Inmate Grievances and Appeals and seek a Final Review.

8. An inmate must proceed with each grievance through the three stages described above in order to have exhausted his administrative remedies.

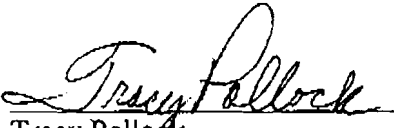
9. I have reviewed the grievance appeal records of inmate Derrick A. Rankine, inmate number EU-5850, in relation to the above-captioned case.

10. Inmate Rankine did *not* appeal grievance numbers 69971, 65106, 65098, or 70193 to final review.

11. Inmate Rankine sent grievance numbers 69970, 69969, 67353, 66438, and 66435 to final review, but they were dismissed as untimely.

12. As such, inmate Rankine's grievances 69971, 65106, 65098, 70193, 69970, 69969, 67353, 66438, and 66435 have not been exhausted.

This statement and verification is made subject to the penalties of 18 Pa.C.S.A. §4904 relating to sworn falsification to authorities, which provides that if I make knowingly false statements, I may be subjected to criminal penalties.


Tracy Pollock

Date: 5-12-06

EXHIBIT B



Pennsylvania Department of Corrections

dotalley

Misconducts

12/3/2003 7:12:27 PM

Inmate Number: EU5850

Inmate Name: Rankin, Derrick A

Location : Somerset	Misconduct Date : 10/14/2003	Misconduct Number : A625801
Charge Category	Reference	Charge Description
B	38	Destroying, Altering, Tampering With, Or
Sanctions Imposed	Effective Date	No. of Days
Payment For Property Loss		0
Date Appeal Received by DOC	Grounds	Review Date
10/27/2003	A	10/27/2003
10/23/2003	ABC	10/24/2003
		Review Outcome
		Uphold Hear's Decision
		Uphold Hear's Decision

Location : Somerset	Misconduct Date : 08/26/2003	Misconduct Number : A589711
Charge Category	Reference	Charge Description
A	15	Threaten An Employee Or Their Family Wit
A	33	Using Abusive, Obscene, Or Inappropriate
Sanctions Imposed	Effective Date	No. of Days
Disciplinary Custody	08/26/2003	45
Date Appeal Received by DOC	Grounds	Review Date
10/28/2003	C	10/30/2003
09/30/2003	C	09/30/2003
09/16/2003	ABC	09/18/2003
		Review Outcome
		Uphold Hear's Decision
		Uphold Hear's Decision
		Uphold Hear's Decision

Location : Somerset	Misconduct Date : 08/17/2003	Misconduct Number : A439396
Charge Category	Reference	Charge Description
C	52	Any Violation Of A Rule Not Specified As
Sanctions Imposed	Effective Date	No. of Days
Loss Of Privileges	08/25/2003	15

Location : Somerset	Misconduct Date : 07/09/2003	Misconduct Number : A439377
Charge Category	Reference	Charge Description
B	35	Refusing To Obey An Order
Sanctions Imposed	Effective Date	No. of Days
Disciplinary Custody	07/09/2003	45
Date Appeal Received by DOC	Grounds	Review Date
08/04/2003	ABC	08/07/2003
07/30/2003	NA	07/30/2003
07/15/2003	ABC	07/16/2003
		Review Outcome
		Reject Any Appeal
		Reject Any Appeal
		Uphold Hear's Decision

Location : Somerset	Misconduct Date : 05/11/2003	Misconduct Number : A445826
Charge Category	Reference	Charge Description
B	35	Refusing To Obey An Order
Sanctions Imposed	Effective Date	No. of Days
Disciplinary Custody	06/11/2003	20
Date Appeal Received by DOC	Grounds	Review Date
08/13/2003	ABC	08/18/2003
		Review Outcome
		Uphold Hear's Decision

06/23/2003
06/17/2003

ABC
ABC

06/23/2003
06/18/2003

Uphold Hear's Decision
Modify Punishment

Location : Albion	Misconduct Date : 04/07/2003	Misconduct Number : A495821
Charge Category B	Reference 42	Charge Description Lying To An Employee
Sanctions Imposed Disciplinary Custody	Effective Date 05/01/2003	Verdict Guilty
Date Appeal Received by DOC 05/02/2003 04/21/2003	Grounds ABC ABC	No. of Days 30 Review Outcome Uphold Hear's Decision Uphold Hear's Decision

Location : Albion	Misconduct Date : 03/25/2003	Misconduct Number : A450723
Charge Category A	Reference 33	Charge Description Using Abusive, Obscene, Or Inappropriate
Sanctions Imposed Disciplinary Custody	Effective Date 04/01/2003	Verdict Guilty
Date Appeal Received by DOC 04/08/2003	Grounds ABC	No. of Days 30 Review Outcome Uphold Hear's Decision

Location : Albion	Misconduct Date : 03/04/2003	Misconduct Number : 0437465
Charge Category B	Reference 36	Charge Description Possess Contraband Including Money, Impl
Sanctions Imposed Confiscation Of Contraband Reprimand, Warning, Counseling	Effective Date	No. of Days 0 0
Date Appeal Received by DOC 03/14/2003	Grounds ABC	Review Date 03/20/2003 Review Outcome Uphold Hear's Decision

Location : Albion	Misconduct Date : 12/30/2002	Misconduct Number : 0450635
Charge Category B	Reference 36	Charge Description Possess Contraband Including Money, Impl
Sanctions Imposed Confiscation Of Contraband Reprimand, Warning, Counseling	Effective Date	No. of Days 0 0

Location : Albion	Misconduct Date : 12/24/2002	Misconduct Number : 0437500
Charge Category A	Reference 16	Charge Description Fighting
Sanctions Imposed Disciplinary Custody	Effective Date 01/31/2003	Verdict Guilty
Date Appeal Received by DOC 01/31/2003 01/07/2003	Grounds ABC ABC	No. of Days 30 Review Outcome Uphold Hear's Decision Uphold Hear's Decision

Location : Albion	Misconduct Date : 11/27/2002	Misconduct Number : 0277195
*** Charges Dismissed/ Not Guilty by Hearing.		

Location : Albion	Misconduct Date : 11/04/2002	Misconduct Number : 0277182
Charge Category B	Reference 35	Charge Description Refusing To Obey An Order
Sanctions Imposed Disciplinary Custody	Effective Date	Verdict Guilty
Date Appeal Received by DOC 01/31/2003 01/07/2003	Grounds ABC ABC	No. of Days 30 Review Outcome Uphold Hear's Decision Uphold Hear's Decision

EXHIBIT C

05-16-2006 04:08pm From:SCI-FYT SUPERINTENDENT

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T-049 P.020/026 F-993

FORM DC-141 PART 1 Rev 3/00		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS				A 439377	
<input checked="" type="checkbox"/> MISCONDUCT REPORT		<input type="checkbox"/> OTHER		<input type="checkbox"/> DC-ADM 801 INFORMAL RESOLUTION			
DC Number E45850	Name RANKIN	Institution SMR	Incident Time 24 Hr. Base 0950	Incident Date 7/9/03	Date of Report 7/9/03		
Quarters JA 18	Place of Incident IN FRONT OF JA 18 CELL						
OTHER INMATES OR STAFF INVOLVED OR WITNESSES (CHECK I OR W)							
DC Number	Name	I	W	DC Number	Name	I	W
STAFF	SGT CASTANIA						
MISCONDUCT CHARGE OR OTHER ACTION CLASS 1 #28 Indecent Exposure CLASS 1 #35 Refusing to obey an order							
STAFF MEMBER'S VERSION I/m RANKIN approached me at the officers desk wanting in his cell to use the bathroom. I told him to go to his cell and Sgt Castania will open it in a minute. I/m demanded to be let in now and started up the steps toward the control bubble. I stopped I/m and told him to go to his cell. I/m stated "I'm going to piss all over the floor." I ordered the I/m not to piss on the floor. I/m went to his cell door and within a minute his cell door was opened. When I approached his cell approx. 5 minutes later while doing a guard tour I noticed the dayroom floor in front of I/m Rankin's cell was all wet. I asked Rankin how the floor got wet outside his cell door. He replied "I pissed on the floor." I then asked him "You pissed on the floor out here in the dayroom." and Rankin replied "YES."							
IMMEDIATE ACTION TAKEN AND REASON Report reviewed. Inmate placed pre-hearing confinement for control purposes in L5 housing. Pending formal hearing by examiner							
PRE-HEARING CONFINEMENT							
IF YES							
<input checked="" type="checkbox"/> YES	TIME 1000	DATE 7/9/03					
<input type="checkbox"/> NO							
REPORTING STAFF MEMBER SIGNATURE AND TITLE CO1 Heckman HECKMAN		ACTION REVIEWED AND APPROVED BY RANKING CO. ON DUTY Han COIV Glass			FORMS GIVEN TO INMATE <input checked="" type="checkbox"/> REQUEST FOR WITNESSES AND REPRESENTATION <input checked="" type="checkbox"/> INMATE'S VERSION		
		DATE AND TIME INMATE GIVEN COPY DATE 7-9-03			TIME 24 HOUR BASE 1430		
YOUR HEARING MAY BE SCHEDULED ANY TIME AFTER DATE 7/11/03		TIME 0900		MISCONDUCT CATEGORY <input checked="" type="checkbox"/> CLASS 1 <input type="checkbox"/> CLASS 2		Signature of Person Serving Notice J.M. Moore CO1	
NOTICE TO INMATE							
You are scheduled for a hearing on the allegation on the date and time indicated or as soon thereafter as possible. You may remain silent if you wish. Anything you say will be used against you both at the misconduct hearing and in a court of law. If this matter is referred for criminal prosecution. If you choose to remain silent, the hearing committee/examiner may use your silence as evidence against you. If you indicate that you wish to remain silent, you will be asked no further questions. If you are found guilty of a Class 1 misconduct, any pre-release status you have will be removed.							

WHITE — DC-15

YELLOW — Inmate

PINK — Reporting Staff Member

GOLDENROD — Deputy Superintendent Facility Management

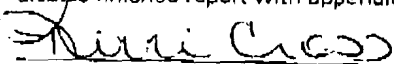
DC-141 PART 2A Rev. 6-84 INMATE REQUEST FOR REPRESENTATION AND WITNESSES		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS			
DC Number	Name	Institution	Date	Number as on Part I	
EL5850	DERRICK RANKINE	GCZ SMR	7/9/03	439377.	
You have been charged with a misconduct. You may request assistance and/or witnesses to appear at your hearing by completing the section(s) below. In order to have assistance or witnesses at your hearing, you must complete this form and present all copies to one of your housing officers no later than 9:00 a.m. the first working day after you receive notice of the misconduct.					
Assistance: <input checked="" type="checkbox"/> I do not request assistance <input type="checkbox"/> I request assistance by _____ (The person requested must be willing to assist you)					
Witnesses: You may request witnesses in accord with DC-ADM 801. State the relevance and importance of the testimony the witness will give					
1. Name of Witness: <u>In Douan</u> Why is this person's testimony relevant and important? <u>This inmate will testify that I was refused access to my cell at initial move time and that I was standing at my cell for 25 to 35 minutes</u>		If Inmate No. <u>JA 53</u> Quarters	DO NOT WRITE IN THIS SECTION For Use by Hearing Examiner Witness permitted? <u>No</u> If not, why not? <u>not needed to establish Guilt</u>		
2. Name of Witness: <u>Inmate Spellman</u> Why is this person's testimony relevant and important? <u>This inmate will testify to the above facts also; and that C/O Heckman is lying.</u>		If Inmate No. <u>OA-5</u> Quarters	Witness permitted? <u>Innocence</u> If not, why not?		
3. Name of Witness: <u>All Inmate in day room at this time.</u> Why is this person's testimony relevant and important? <u>These inmates will testify that I urinated on myself and to the above facts.</u>		If Inmate No. <u></u> Quarters	Witness permitted? <u></u> If not, why not?		
<u>Derrick Rankine</u> Inmate's Signature		<u>K. Cross</u> Hearing Examiner's Signature			
This section to be completed by Housing Officer only Received completed form <u>2030</u> hours <u>7-9-03</u> Time Date <u>Jm. de la Cruz</u> Housing Officer's Signature					

05-16-2006 04:08pm From:SCI-FYT SUPERINTENDENT

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T-049 P.022/026 F-993

DC-141 Rev. 6-84 INMATE VERSION AND WITNESS STATEMENTS	PART 2 C HEARING SUPPLEMENT	COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	\$1000/day relief requested
DC Number EL5850	Name DERRICK RANKINE	Institution SCZSMR A439377	No. from PART 1
INMATE'S VERSION			
<p>C/O Heckman and Sgt Castania are both lying. On the initial move time I went to my cell to use the toilet and Sgt Castania refused to open my cell. I was forced to hold my urine until I could not hold it anymore.</p> <p>At this time I asked C/O Heckman to have Sgt. Castania open my cell. I then went to my cell and held on the door for 15 to 20 minutes; yet C/O Heckman refused to inform Sgt. Castania to open my cell door. I then went back to C/O Heckman and asked him again to have my cell door opened because I needed to urinate badly. I then went back to my cell door and held my urine for 5 to 10 minutes before I could hold it no longer and urinated on myself while standing before my cell door. I urinated for approximately two minutes before my cell door was opened then I went into my cell and completed urinating in my toilet. At no time did I removed or touched my penis in the dayroom from my pants. For this I would like to submit my pants, socks, shoes and boxers as evidence, since they are completely saturated with my urinate.</p> <p>C/O Heckman needs a biology course on the urinary function because the urinary function is an involuntary function so telling someone not to urinate when that person needs to urinate is a stupid order. This is why the phrase "if you have to go, you have to go" is used to describe the excretory functions. Therefore for C/O Heckman to say he issued this order shows that he is lying or he is a fool.</p> <p>Therefore these charges must be dismissed since C/O Heckman never saw me urinating on myself and there was no way I could stop myself from urinating on myself once I could hold my urine no longer and it is obvious that C/O Heckman is lying or don't even know the meaning of indecent exposure or refusing to obey an order.</p> <p>Also you may check with the medical department that my blood pressure pill is a water and salt removal pill...</p>			

DC-141 Rev. 6-84 DISCIPLINARY HEARING REPORT		PART II B COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS			
DC Number EU-5850	Name RANKIN, Derrick	Institution SCI-SMR	Hearing Date 7/11/03	Hearing Time 1030.	No. from Part I A439377
INMATE PLEA	<input type="checkbox"/> Guilty <input checked="" type="checkbox"/> Not Guilty	<input type="checkbox"/> No Plea <input type="checkbox"/> Other	Verdict	<input checked="" type="checkbox"/> Guilty <input checked="" type="checkbox"/> Not Guilty	
HEARING ACTION #28 Class 1 Cat. A - Indecent exposure CHARGES #35 Class 1 Cat. B - Refusing to obey an order					
FINDINGS OF FACT, VERDICT, AND SANCTIONS IMPOSED <p>Rankin pleads <u>Not Guilty</u> Submits version.</p> <p>The examiner believes report that Rankin was ordered not to urinate on the floor. Rankin refused when the % observed liquid on the dayroom floor - and Rankin admitted to urinating on the floor.</p> <p>Based on Report Guilty # 35 45 day DCs effective 7-9-03 Dismiss #28</p>					
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO <input type="checkbox"/> NO	The inmate has heard the decision and has been told the reason for it and what will happen. The circumstances of the charge have been read and fully explained to the inmate. The opportunity to have the inmate's version reported as part of the record was given. The inmate has been advised that within 15 days a request for a formal review may be submitted and that this request must contain specific reasons for the review.			SEE APPENDICES <input checked="" type="checkbox"/> version witness sheet.
NAME(S) OF HEARING EXAMINER, COMMITTEE (TYPED OR PRINTED)		Hearing Report and all appended information must be signed. Signature indicates finished report with appendices.			
Kerri Cross		 SIGNATURE			

1 OF 2

DC-141, Part 2 E Misconduct Hearing Appeal		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
DC Number EU5850	Name DERRICK RANKINE	Institution SCZ-SMR	No. From Part I 4439377

\$1000/day relief requested

I was found guilty of misconduct number **#35** - on **7/11/03**

by the Hearing Examiner, and I wish to appeal that decision on the following grounds:

Check Area(s) Involved

- ☒ a. the procedures employed were contrary to law, Department directives, or regulations;
☒ b. the punishment is disproportionate to the offense; and/or
☒ c. the findings of fact were insufficient to support the decision.

Below is a brief statement of the facts relevant to my claims(s). It includes the identity of all persons who may have information that may be helpful in resolving this matter.

The hearing examiner refused to called my witnesses and admit my state issued pants, boxers, socks and shoes as evidence that I accidentally urinated on myself. C/O Heckman and Sgt. Castina refused to allowed me into my cell for approximately two hours to used the toilet and C/O Heckman admitted that I made numerous attempts to get into my cell to used the toilet and I was refused access.

A person cannot obey an order that he/she is powerless to obey. My bladder was full to overflowing therefore I was powerless to control it at that point and C/O Heckman was informed of this, yet he and Sgt. Castina refused to allowed me into my cell to used the toilet.

D.O.C. policy is clear on this, once any inmate leave the day room and returned to their cell, they must remain inside there cell until the next move time, yet I was denied access to a toilet for approximately two hours. By dismissing and recent exposure refusing to called my witnesses and admitting my evidence

Inmate's Signature

Date

DEPT. OF CORRECTIONS
 SCI-SMRS
 JUL 15 2003
 E U 5 8 5 0
 OFFICE OF THE DEPUTY
 FOR CENTRALIZED SERVICES

05-16-2006 04:08pm From-SCI-FYT SUPERINTENDENT

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7-049 P.026/026 F-993

2 OF 2

DC-804
Part 1COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
P.O. BOX 598
CAMP HILL, PA 17001-0598

FOR OFFICIAL USE ONLY

A439377

GRIEVANCE NUMBER

OFFICIAL INMATE GRIEVANCE

TO: FACILITY GRIEVANCE COORDINATOR PRC	FACILITY: SCI-Somerset	DATE: 7/11/03
FROM: (INMATE NAME & NUMBER) Derrick Rankine EU5850	SIGNATURE of INMATE: Derrick Rankine	
WORK ASSIGNMENT: Misconduct Appeal	HOUSING ASSIGNMENT: RHU D-23	

INSTRUCTIONS:

1. Refer to the DC-ADM 804 for procedures on the inmate grievance system.
2. State your grievance in Block A in a brief and understandable manner.
3. List in Block B any actions you may have taken to resolve this matter. Be sure to include the identity of staff members you have contacted.

A. Provide a brief, clear statement of your grievance. Additional paper may be used, maximum two pages.

the hearing examiner admitted that she knows that C/O Heckman lied; and that I accidentally urinated on myself because I was denied access to the toilet by C/O Heckman and Sgt. Castina for approximately 2 hours.

At this point I would like to request protective custody from C/O Heckman and Sgt. Castina. I will be seeking \$1000 day relief in Federal court; please be advice therefore I would like you to dismiss this charge and order C/O Heckman and Sgt. Castina to pay me \$1000 day for every day that I am unjustly incarcerated in the RHU.

B. List actions taken and staff you have contacted, before submitting this grievance.

because of their inhumane, sadistic and barbaric treatment of me. Respectfully

Derrick Rankine

Your grievance has been received and will be processed in accordance with DC-ADM 804.

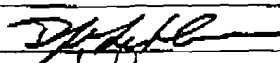
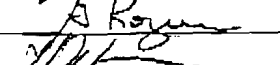
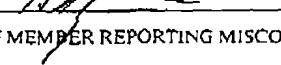
Signature of Facility Grievance Coordinator

Date

05-16-2006 04:09pm From-SCI-FYT SUPERINTENDENT

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T-049 P. 024/026 F-993

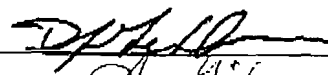
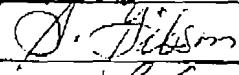
DC-141 Part 3 Program Review Committee Action <input checked="" type="checkbox"/> Misconduct Appeal		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS <input type="checkbox"/> Periodic Review <input type="checkbox"/> Other			Revised 6/02
DC Number EU-5850	Name RANKIN, DERRICK	Facility SCI-SMR	Date of Review 07/16/03	No. from DC-141 Part 1 A439377	
Program Review Committee's Decision and Rationale					
<p>The Program Review Committee is in receipt of your misconduct and appeal request. It is noted that you are appealing: The procedures employed were contrary to law, Department Directives, or regulations; The punishment is disproportionate to the offense; and The findings of fact were insufficient to support the decision.</p> <p>You were found guilty of #35, Class I, category B - Refusing to obey an order.</p> <p>The PRC has received your appeal request noting the above-mentioned grounds. The PRC found that the procedures that were employed were not contrary to law. The sanction imposed of 45 days DCS was not outside of the presumptive range, according to DC-AdM 801.</p> <p>The PRC has reviewed the report by staff, your account of the incident, points of appeal, and the Disciplinary Hearing Report. Based on these reports, the PRC finds sufficient evidence to support the Hearing Examiner's decision.</p> <p>Therefore, the PRC sustains the decision.</p>					
Decision Relative to Hearing Examiner's Verdict					
<input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/> Sustain <input type="checkbox"/> Sustain-Amend <input type="checkbox"/> Refer Back for Further Study <input type="checkbox"/> Exonerate Inmate					
Names of Program Review Committee Members		Signatures		Date	
Daniel J. Gehlmann, Major				07/16/03	
Gerald L. Rozum, Acting DSFM				07/16/03	
Harry King, School Princ.				07/16/03	

WHITE - DC-15

YELLOW - INMATE

PINK - STAFF MEMBER REPORTING MISCONDUCT

GOLDENROD - DSFM

DC-141 PART 3		COMMONWEALTH OF PENNSYLVANIA			
PROGRAM REVIEW COMMITTEE ACTION <input type="checkbox"/> Misconduct Appeal <input type="checkbox"/> Periodic Review <input checked="" type="checkbox"/> Other		DEPARTMENT OF CORRECTIONS			
DC Number EU-5850	Name RANKIN, DERRICK	Institution SCI-SMR	Date of Review 08/07/03	No. from PART 1 A439377	
PROGRAM REVIEW COMMITTEE'S DECISION AND ITS RATIONALE					
<p>Inmate was reviewed by the Program Review Committee. Inmate was released to Cell Restriction for remainder of his sanction effective 08/07/03 to 08/22/03, due to RHU overcrowding and cell space needs.</p>					
DECISION RELATIVE TO HEARING EXAMINER'S VERDICT <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/> Sustain <input type="checkbox"/> Sustain-Amend <input type="checkbox"/> Refer Back For Further Study <input type="checkbox"/> Exonerate Inmate					
Names of Program Review Committee Members		Signatures		Date	
Daniel J. Gehlmann, Major				08/07/03	
Sylvia Gibson, Dep. Supt., Cent. Serv.				08/07/03	

SMR

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS
1451 N. MARKET STREET
ELIZABETHTOWN, PA 17022

OFFICE OF THE
CHIEF HEARING EXAMINER

PRC
DCIS

August 7, 2003

Derrick Rankins, EU-5850
SCI Somerset

Re: DC-ADM 801 - Final Review
Misconduct No. A439377

Dear Mr. Rankins:

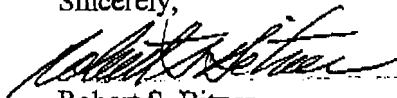
Your appeal of the above-referenced misconduct has been received by this office and is accepted for final review. In this appeal, you suggest the evidence is insufficient to support a finding of guilt.

In accordance with DC-ADM 801, VI, L, 3, I have reviewed the entire record of this misconduct; including the misconduct report, the hearing report and related documents, your appeal to the Program Review Committee and their response, your appeal to the Superintendent and his response. I have also thoroughly reviewed the issues you raise to final review.

There is sufficient evidence in the misconduct report to sustain a finding of guilt. At your hearing, and in this appeal, you deny some of that evidence. The only issue here is one of credibility. DC-ADM 801, §VI E, 7 d, provides that determinations of credibility shall be left to the judgement of the Hearing Examiner. The Examiner discredited your denials and found credible the evidence related by the charging officer in the misconduct report. There is no basis for this office to overturn the Examiner's determination of credibility. Therefore, the credible evidence presented at your hearing supports the finding of guilt the Examiner made. Your requested witnesses were denied by the Examiner in accordance with DC ADM 801, VI E, 7a.

For the above-stated reasons, I conclude that the issues raised do not require any further action on this misconduct. Your appeal must, therefore, be denied.

Sincerely,



Robert S. Bitner
Chief Hearing Examiner

RSB:krc

pc: Superintendent Sobina

AUG 11 2003

EXHIBIT D

FORM DC-141 PART 1 Rev 3/00		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS				A 589711	
<input checked="" type="checkbox"/> MISCONDUCT REPORT <input type="checkbox"/> OTHER <input type="checkbox"/> DC-ADM 801 INFORMAL RESOLUTION							
DC Number EU5850	Name RANKIN, DERRICK	Facility SCI-SOM	Incident Time 24 Hr. Base 0735	Incident Date 8-26-03	Date of Report 8-26-03		
Quarters JB 02	Place of Incident JB DAY ROOM + JB 02 CELL						
OTHER INMATES OR STAFF INVOLVED OR WITNESSES (CHECK I OR W)							
DC Number	Name	I	W	DC Number	Name	I	W
MISCONDUCT CHARGE OR OTHER ACTION <u>CLASS 1 # 15 THREATENING AN EMPLOYEE OR THEIR FAMILY WITH BODILY HARM #33 USING ABUSIVE, OBSCENE, OR INAPPROPRIATE LANGUAGE TO AN EMPLOYEE.</u>							
STAFF MEMBER'S VERSION <u>TODAY AT APPROX. 0735 I/M RANKIN CAME OUT OF HIS CELL WHEN J/A WAS CALLED FOR MAIN LINE. I ASKED HIM WHERE HE WAS GOING, HE SAID TO CHOW. I TOLD HIM THAT IT WAS CALLED FOR J/A NOT J/B AND TO TAKE IT IN. HE THEN STARTED TO SAY SOMETHING THAT I COULD NOT HEAR CLEARLY EXCEPT, "YOUR MOTHER." I APPROACHED HIM AND TOLD HIM TO SAY IT AGAIN SO I COULD HEAR IT CLEARLY THIS TIME. HE BECAME VERY AGITATED, TAKING OFF HIS HAT AND WENT INTO HIS CELL. HE THEN TURNED AND INVITED ME INTO HIS CELL AND STATED "F DON'T LIKE WHITE PEOPLE! COME ON IN, I'LL KICK YOUR ASS! MOTHERFUCKER." I THEN CLOSED THE CELL DOOR AND NOTIFIED CONTROL.</u>							
IMMEDIATE ACTION TAKEN AND REASON <u>Inmate placed PHC in L-5 housing for control purposes pending formal hearing by examiner</u>							
PRE-HEARING CONFINEMENT							
IF YES							
<input checked="" type="checkbox"/> YES	TIME <u>0800</u>	DATE <u>8/26/03</u>					
<input type="checkbox"/> NO							
REPORTING STAFF MEMBER SIGNATURE AND TITLE		ACTION REVIEWED AND APPROVED BY RANKING O.O. ON DUTY SIGNATURE AND TITLE			FORMS GIVEN TO INMATE <input checked="" type="checkbox"/> REQUEST FOR WITNESSES AND REPRESENTATION <input checked="" type="checkbox"/> INMATE'S VERSION		
<u>Heiss CO1 / Heiss</u>		<u>Heiss CO1 / Glass</u>			DATE AND TIME INMATE GIVEN COPY		
					DATE TIME 24 HOUR BASE		
					<u>8-26-03</u> <u>1220</u>		
YOUR HEARING MAY BE SCHEDULED ANY TIME AFTER				MISCONDUCT CATEGORY		Signature of Person Serving Notice	
DATE <u>8/26/03</u>		TIME <u>0800</u>		<input checked="" type="checkbox"/> CLASS 1 <input type="checkbox"/> CLASS 2		<u>[Signature]</u>	
NOTICE TO INMATE							
You are scheduled for a hearing on the allegation on the date and time indicated or as soon thereafter as possible. You may remain silent if you wish. Anything you say will be used against you both at the misconduct hearing and in a court of law, if this matter is referred for criminal prosecution. If you choose to remain silent, the hearing committee/examiner may use your silence as evidence against you. If you indicate that you wish to remain silent, you will be asked no further questions. If you are found guilty of a Class 1 misconduct, any pre-release status you have will be removed.							
WHITE — DC-15 YELLOW — Inmate PINK — Reporting Staff Member GOLDENROD — Deputy Superintendent Facility Management							

DC-141 Rev. 6-84 INMATE REQUEST FOR REPRESENTATION AND WITNESSES		PART 2A COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
DC Number	Name	Facility	Date
EU5850	RANKINE DERRICK	SCI-SMR	8/26/03
<p>You have been charged with a misconduct. You may request assistance and/or witnesses to appear at your hearing by completing the section(s) below.</p> <p>In order to have assistance or witnesses at your hearing, you must complete this form and present all copies to one of your housing officers no later than 9:00 a.m. the first working day after you receive notice of the misconduct.</p>			
<p>Assistance: <input type="checkbox"/> I do not request assistance <input type="checkbox"/> I request assistance by _____ (The person requested must be willing to assist you)</p> <p>Witnesses: You may request witnesses in accord with DC-ADM 801. State the relevance and importance of the testimony the witness will give</p>			
<p>1. Name of Witness: <u>DICKSON</u> If Inmate No. _____ Quarters <u>J1B CELL #3</u></p> <p>Why is this person's testimony relevant and important? <u>This inmate heard the whole verbal exchange between CLO HEISS and myself and will verify that I NEVER CURSED or threatened anyone</u></p>		<p style="text-align: center;">DO NOT WRITE IN THIS SECTION For Use by Hearing Examiner</p> <p>Witness permitted? If not, why not? <u>No</u> Not needed to establish Guilt/innocence</p>	
<p>2. Name of Witness: <u>Muhammad Ali</u> If Inmate No. _____ Quarters <u>J1B CELL #1</u></p> <p>Why is this person's testimony relevant and important? <u>This inmate will also testify that it was CLO HEISS who threatened to kick my "ASS" and continued to CURSE AT ME and calling me derogatory names.</u></p>		<p>Witness permitted? If not, why not? <u>No</u></p>	
<p>3. Name of Witness: _____ If Inmate No. _____ Quarters <u>J1B</u></p> <p>Why is this person's testimony relevant and important? <u>All the inmates on J1B bottom level since they all heard CLO HEISS, Sgt Castina and CLO Heckman constantly threatened me and called me derogatory names.</u></p> <p><u>Derrick Rankine</u> Inmate's Signature</p>		<p>Witness permitted? If not, why not?</p>	
<p>This section to be completed by Housing Officer only</p> <p>Received completed form _____ hours _____ Time _____ Date _____</p> <p>_____ Housing Officer's Signature</p>		<p style="text-align: center;"><u>K. Cross</u> Hearing Examiner's Signature</p>	

DC-141 **PART II B** **COMMONWEALTH OF PENNSYLVANIA**
 Rev 6-84
 DISCIPLINARY HEARING REPORT **DEPARTMENT OF CORRECTIONS**

DC Number EU-5850	Name RANKINE, Derrick	Institution SCI-SMR	Hearing Date 09/02/03	Hearing Time 1120	No. from Part I A 589711]
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INMATE PLEA	<input type="checkbox"/> Guilty <input checked="" type="checkbox"/> Not Guilty	<input type="checkbox"/> No Plea <input type="checkbox"/> Other	Verdict <input type="checkbox"/> Guilty <input checked="" type="checkbox"/> Not Guilty
----------------	---	--	--

HEARING ACTION
CHARGES #15 Class I Cat A - Threatening an Employee or their family with bodily harm
 #33 Class I Cat A - Using abusive, obscene or inappropriate language to an employee

FINDINGS OF FACT, VERDICT, AND SANCTIONS IMPOSED

Rankine pleads Not Guilty
 Submits version.

The examiner is not persuaded by Rankine's version of this incident. ~~The~~ Rather, I accept the report as credible I believe Rankine threatened staff when he invited Se Heiss into his cell stating, "...
Come on in - I'll kick your Ass motherfucker"
 constituting #15 + #33.

Based on Report
 Guilty #15 } 45 day DCS
 Guilty #33 } effective
 8-26-03

<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	The inmate has heard the decision and has been told the reason for it and what will happen.	SEE APPENDICES <input checked="" type="checkbox"/> written version witness sheet
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	The circumstances of the charge have been read and fully explained to the inmate.	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	The opportunity to have the inmate's version reported as part of the record was given.	
<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	The inmate has been advised that within 15 days a request for a formal review may be submitted and that this request must contain specific reasons for the review.	

NAME(S) OF HEARING EXAMINER/COMMITTEE
 (TYPED OR PRINTED)

Kerri Cross

Hearing Report and all appended information must be signed. Signature indicates finished report with appendices.

Kerri Cross

SIGNATURE OF HEARING EXAMINER/COORDINATOR

DC-141 PART 2 C		COMMONWEALTH OF PENNSYLVANIA	
Rev. 2-02 WEARING SUPPLEMENT		DEPARTMENT OF CORRECTIONS	
INMATE VERSION AND WITNESS STATEMENTS			
DC Number	Name	Facility	No. from PART I
EU5850	DERRICK RANKINE	SCZSMR	589711-A
INMATE'S VERSION \$1000/day Fine requested in court.			
<p>This complete misconduct is ALIE; and it WAS written in retaliation and an an attempt to intimidate me to drop my lawsuit against C/O Heckman and Sgt Castina.</p> <p>First, I have NO keys to opened my cell door, so how did I got out of my cell to the day room if Sgt Castina did not open my cell for me to go to main line? Sgt Castina called main and opened my cell door; I got dress and started my the dinning hall. I WAS asked by C/O Heiss "Where the F... I WAS going; you Faggot" I REFUSED to answer, so C/O Heiss, looked directly at me and said I am speaking to you Faggot; and why dont you clean the shit out of your GARS bitch? At which point I asked C/O Heiss, if he WAS speaking me; C/O Heiss said yes. "I said "the only shit I know is you, your mother, your children; and the only Faggot I SEE is you and your father and brothers who must have molested when you WERE a child.</p> <p>C/O Heiss, said "I disrespected you, I did not disrespected your family; you can disrespect me, but dont disrespect my family or ELSE I will come into into your cell and kick your ASS. I REPEATED my statement and informed informed C/O Heiss that I HAVE NEVER disrespected him or any STAFF and that I will always disrespect him, his family and any I feel like if he EVER disrespects me again. So if he dont want his family disrespected he is not to disrespect me or even joke with since I dont joke with white people, because their dense of humor, is not humor to me. C/O Heiss, then told Sgt Castina to opened my cell door, so he can kick my ASS. I told C/O Heiss to try and kick my ASS in in the day room; if he is a man. C/O Heiss stop approaching me and so I WENT into into my cell and told C/O Heiss that it is safe now to kick my ASS. C/O Heiss came to my cell door and stopped at which I turned my back to him and told him to try and kick my ASS because I am sure that he would not like the results of trying to kick my ASS. I then began to laugh, and told C/O Heiss that is mother, him, his children are all Faggots, itches, shits and any other names he called me.</p>			

Form DC-135A		Commonwealth of Pennsylvania Department of Corrections	
INMATE'S REQUEST TO STAFF MEMBER <i>IN VERSION Cont'd.</i>		INSTRUCTIONS Complete items number 1-8. If you follow instructions in preparing your request, it can be responded to more promptly and intelligently.	
1. To: (Name and Title of Officer) <i>Hearing Examiner</i>		2. Date: <i>8/26/03</i>	
3. By: (Print Inmate Name and Number) <i>DERRICK RANKINE EU5850</i> <i>Derrick Rankine</i> Inmate Signature		4. Counselor's Name	
6. Work Assignment		5. Unit Manager's Name <i>J/B</i>	
		7. Housing Assignment <i>RHU B-22</i>	
8. Subject: State your request completely but briefly. Give details. <p><i>CLOTEISS then closed my cell door and walked away. Sgt. Castina then called me over the Mike and told me that "the next time I speak like that to anyone he was sending me to the RHU" I told Sgt. Castina that he was to tell CLOTEISS not to disrespect me or even speak to me and then, he would not hear me speak like that again, but if someone disrespected me, I will disrespect every member of their family.</i></p> <p><i>At no time did I curse or threaten anyone. CLOTEISS took my quietness for fear and so he learned his lesson. Quietness don't mean fear. Had CLOTEISS stopped disrespecting me from August 7 2003 until now, CLOTEISS could not have to see that I don't fear him. I thank you in advance for your time, co-operation and consideration.</i></p> <p><i>IN THU MATHEP.</i></p>			
9. Response: (This Section for Staff Response Only)			
To DC-14 CAR only <input type="checkbox"/>		To DC-14 CAR and DC-15 IRS <input type="checkbox"/>	

Staff Member Name _____ / _____ Date _____
 Print Sign

DC-141 PART II E
MISCONDUCT HEARING APPEALCOMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF CORRECTIONS

DC Number

Name

Institution

No. from PART I

EU5850 DERRICK RANKING

SCI-SMR A589711

\$1000/day relief requested.

I was found guilty of misconduct # 15833 on 9/2/03 (date) by the
Hearing Committee/Examiner, and I wish to appeal that decision on the following grounds:

Check Area(s) Involved

- a. The procedures employed were contrary to law,
Administrative Directive 801, or to the ICU
Consent Decree;
- b. The punishment is disproportionate to the offense;
- c. The evidence was insufficient to support the decision.

DEPT. OF CORRECTIONS
SCI-SUMMERSET

SEP 16 2003

OFFICE OF THE DEPUTY
FOR CENTRALIZED SERVICESBelow is a brief statement of the facts relevant to my claim(s). It includes the identity of all
persons who may have information which may be helpful in resolving this matter.

Presently the hearing examiner did not call my witnesses
which violates the due process clause of the 5th and 14th Amend-
ments to the United States Constitution.

C/O Heiss called me a "Faggot," a F...ing Faggot, "A bitch" and
told me to clean the shit out of my ears; then C/O Heiss threaten-
ed to come into my cell and "kicked my ass" if I disrespect
his family again, all without provocation or justification, this
is sexual harassment and mental abuse which violates the eight
Amendment.

I have no keys to my cell so how did I get out of my
cell if Sgt. Castina did not call mainline and opened my
cell? The hearing examiner refused to use her common
sense in examining the facts and simply adopted C/O
Heiss report which violates the 1, 4, 5, 8 and 14th Amendments
to the United States Constitution.

The hearing examiner is condoning the abuse of the
inmates here at SCI-Sumerset by staff by accepting
their "lies" (staff) as facts, even when the inmates used
facts to prove that the staff members are lying. There-
fore this misconduct must be dismissed because the
evidence and facts are insufficient to support the decision
of the hearing examiner. Thank you. Thank you indeed.

DC-141 PART 3 COMMONWEALTH OF PENNSYLVANIA**PROGRAM REVIEW COMMITTEE ACTION**☒ Misconduct Appeal ☐ Periodic Review ☐ Other**DEPARTMENT OF CORRECTIONS**

DC Number	Name	Institution	Date of Review	No. from PART 1
EU-5850	RANKIN, DERRICK	SCI-SMR	09/18/03	A589711

PROGRAM REVIEW COMMITTEE'S DECISION AND ITS RATIONALE

The Program Review Committee is in receipt of your misconduct appeal. As instructed by DC-ADM Directive 801, Section VI.I.1.a., you have based your grounds for appeal of the Hearing Examiner's decision on the following: The procedures employed were contrary to law, Administrative Directive 801, or to the ICU Consent Decree; The punishment is disproportionate to the offense; and The evidence was insufficient to support the decision.

You were found guilty of #15, Class I, Category A - Threatening an employee or their family with bodily harm; and #33, Class I, Category A - Using abusive, obscene, or inappropriate language to an employee.

You were subsequently given a sanction of 45 days DC, effective 08/26/03 to 10/08/03.

PRC has made the following decision based on a review of your appeal, the misconduct report, any relevant witness statements, and the Hearing Examiner's rationale and disposition. The Hearing Examiner may disapprove any witness if the testimony is not needed to establish your guilt or innocence.

The sanction you received is within the prescribed limits for a Class I misconduct, and therefore not disproportionate. PRC also finds the written report sufficient enough to support the Hearing Examiner's decision.

Your appeal is denied.

DECISION RELATIVE TO HEARING EXAMINER'S VERDICT

☐ Not Applicable ☒ Sustain ☐ Sustain-Amend ☐ Refer Back For Further Study ☐ Exonerate Inmate

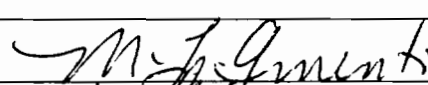
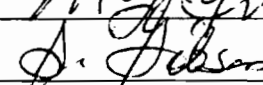

Names of Program Review Committee Members	Signatures	Date
M. Larry Amenti, CCPM		09/18/03
Sylvia Gibson, Dep. Supt., Cent. Serv.		09/18/03
Daniel J. Gehlmann, Major		09/18/03

EXHIBIT E

FORM DC-141 PART 1 Rev 3/00		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS				A 625801	
<input checked="" type="checkbox"/> MISCONDUCT REPORT <input type="checkbox"/> OTHER <input type="checkbox"/> DC-ADM 801 INFORMAL RESOLUTION							
DC Number EUS850	Name RANKIN	Facility SCI-SMR	Incident Time 24 Hr. Base 1150	Incident Date 10-14-03	Date of Report 10-14-03		
Quarters DA 32	Place of Incident DA 32 CELL						
OTHER INMATES OR STAFF INVOLVED OR WITNESSES (CHECK I OR W)							
DC Number	Name	I	W	DC Number	Name	I	W
	Coughenour COI						
MISCONDUCT CHARGE OR OTHER ACTION CLASS 1 #58 Destruction of state property.							
STAFF MEMBER'S VERSION							
<p><i>On the above time and date during a cell search.</i></p> <p><i>② Two state ISSUE TOWELS WERE FOUND TO BE TORN INTO SECTIONS. I/m RANKIN EUS850 Lives in DA 32 CELL. I/m admitted to tearing towels up. I/m states "I'll tear two more up next week." Cost to be assessed \$4.15 per towel.</i></p> <p style="text-align: center;">CIR # 527 096</p>							
IMMEDIATE ACTION TAKEN AND REASON <i>Informal resolution I/m COI 10/14/03 Informal Resolution scheduled Oct 16, 2003 @ 1115 hrs. Inmate charges to settle with Hearing Examiner.</i>							
PRE-HEARING CONFINEMENT				REVIEWED - INMATE TO REMAIN ON PRESENT STATUS PENDING FORMAL HEARING BY EXAMINER.			
IF YES							
<input type="checkbox"/> YES	TIME	DATE					
<input checked="" type="checkbox"/> NO				FORMS GIVEN TO INMATE <input checked="" type="checkbox"/> REQUEST FOR WITNESSES AND REPRESENTATION <input checked="" type="checkbox"/> INMATE'S VERSION			
REPORTING STAFF MEMBER SIGNATURE AND TITLE		ACTION REVIEWED AND APPROVED BY		DATE AND TIME INMATE GIVEN COPY			
<i>A. L. Coughenour COI</i>		<i>B. Hummer COI</i>		DATE		TIME 24 HOUR BASE	
				10-16-03		19:30	
YOUR HEARING MAY BE SCHEDULED ANY TIME AFTER				MISCONDUCT CATEGORY		Signature of Person Serving Notice	
DATE		TIME		<input checked="" type="checkbox"/> CLASS 1 <input type="checkbox"/> CLASS 2			
10-18-03		0800				<i>[Signature] COI</i>	
NOTICE TO INMATE							
You are scheduled for a hearing on the allegation on the date and time indicated or as soon thereafter as possible. You may remain silent if you wish. Anything you say will be used against you both at the misconduct hearing and in a court of law, if this matter is referred for criminal prosecution. If you choose to remain silent, the hearing committee/examiner may use your silence as evidence against you. If you indicate that you wish to remain silent, you will be asked no further questions. If you are found guilty of a Class 1 misconduct, any pre-release status you have will be removed.							

WHITE — DC-15 YELLOW — Inmate PINK — Reporting Staff Member GOLDENROD — Deputy Superintendent Facility Management

Inmate Name (Printed)	Inmate Number	DC-141 Part 1 Number	Date:
Rankine, Derrick	EU 5850	A625801	10-14-03

Action Taken

<input type="checkbox"/> No Action	EU 5850 Rankine requests that this DC-141 be settled by the Hearing Examiner Sgt Putman and Officer Fogle present. (Attempted to apply action of 7 days CR since he is \$300 out on the red)		
<input type="checkbox"/> Reprimand and Warning			
<input checked="" type="checkbox"/> Referred to Hearing Examiner			
<input type="checkbox"/> Cell Restriction (Up to 7 days)	Number of Days:	Start Date:	End Date:
Loss of Privileges: (Up to 7 days)	Number of Days:	Start Date:	End Date:
<input type="checkbox"/> Telephone <input type="checkbox"/> Yard <input type="checkbox"/> Day Room <input type="checkbox"/> Other:			
<input type="checkbox"/> 1 Week Loss of Commissary		Start Date:	End Date:
<input type="checkbox"/> Assignment of Additional Work Duties (No compensation allowed)	Assignment	Start Date:	End Date:
<input type="checkbox"/> Restitution for Damaged/Destroyed State Items/Property	Item(s)	Amount to be Paid:	

Edward G. Mulligan

Unit Manager's Name (Printed or Typed)

Ed G Mulligan Oct 16, 2003

Unit Manager's Signature Date

cc: ~~DC-14~~ (original)
 Hearing Clerk

Housing Unit Officer

DC-ADM 801, Inmate Discipline

Copy of cell restriction privileges and limitations given

Daily Record of Cell Restriction Initiated

Derrick Rankine 10-16-03

Inmate Signature Date

Inmate Employment

T-Netix

Unit Manager's File

Inmate

Revised 11/26/02

Attachment C

DC-141 Rev 6-84		PART 2A		COMMONWEALTH OF PENNSYLVANIA			
INMATE REQUEST FOR		DEPARTMENT OF CORRECTIONS					
REPRESENTATION AND WITNESSES							
DC Number	Name	Facility	Date	Number as on Part I			
EU5850	DERRICK RANKINE	SCI-SMR	10/16/03	A625801			

You have been charged with a misconduct. You may request assistance and/or witnesses to appear at your hearing by completing the section(s) below.

In order to have assistance or witnesses at your hearing, you must complete this form and present all copies to one of your housing officers no later than 9:00 a.m. the first working day after you receive notice of the misconduct.

Assistance: ☐ I do not request assistance
☐ I request assistance by _____
(The person requested must be willing to assist you)

Witnesses: You may request witnesses in accord with DC-ADM 801. State the relevance and importance of the testimony the witness will give

<p style="text-align: right;">If Inmate</p> <p>1. Name of Witness: No. Quarters</p> <p><u>C/O Evans</u></p> <p>Why is this person's testimony relevant and important?</p> <p><u>HE will testify that I WAS told to moved From my cell door on 10/14/03 by STAFF</u></p>	<p style="text-align: center;">DO NOT WRITE IN THIS SECTION For Use by Hearing Examiner</p> <p>Witness permitted? If not, why not?</p> <p><u>No - not needed to establish Guilt/innocence</u></p>
<p style="text-align: right;">If Inmate</p> <p>2. Name of Witness: No. Quarters</p> <p><u>Lt. Haw wood</u></p> <p>Why is this person's testimony relevant and important?</p> <p><u>HE will testify that NONE OF his STAFF saw me take any towels and that I was not allowed to observed the OFFICERS on 10/14/03</u></p>	<p>Witness permitted? If not, why not?</p>
<p style="text-align: right;">If Inmate</p> <p>3. Name of Witness: No. Quarters</p> <p><u>DIA Counselor</u></p> <p>Why is this person's testimony relevant and important?</p> <p><u>HE will testify that I WAS NOT allowed to stand at my cell door and that NO ONE saw me take any towel or state property at anytime</u></p> <p><u>Derrick Rankine</u> Inmate's Signature</p>	<p>Witness permitted? If not, why not?</p>
<p>This section to be completed by Housing Officer only</p> <p>Received completed form <u>1645</u> hours <u>10/17/03</u> Time Date</p> <p><u>A. Foyle</u> Housing Officer's Signature</p>	<p><u>X. Cross</u> Hearing Examiner's Signature</p>

DC-141 Part 2B		COMMONWEALTH OF PENNSYLVANIA			
Rev 6-84		DEPARTMENT OF CORRECTIONS			
DISCIPLINARY HEARING REPORT					
DC Number EU-5850	Name RANKIN, Derrick	Facility SCI-SMR	Hearing Date 10/22/03	Hearing Time 1100	No. from Part 1 A625801
INMATE PLEA	<input type="checkbox"/> Guilty <input checked="" type="checkbox"/> Not Guilty	<input type="checkbox"/> No Plea <input type="checkbox"/> Other	Verdict	<input checked="" type="checkbox"/> Guilty <input type="checkbox"/> Not Guilty	
HEARING ACTION					
CHARGES #38 Class 1 Cat.B - Destroying, altering, tampering with or damaging property					
FINDINGS OF FACT, VERDICT, AND SANCTIONS IMPOSED					

Rankin pleads not guilty

Claims %'s planted the towels

The examiner finds report to be clear and credible. The % clearly reports during a search - 2 state towels were found destroyed - and Rankin admitted to tearing the towels -

Based on Report

Guilty #38 > Assess account for cost of - 2 - towels
 $4.15 \times 2 = \$8.30$

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | The inmate has heard the decision and has been told the reason for it and what will happen. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | The circumstances of the charge have been read and fully explained to the inmate. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | The opportunity to have the inmate's version reported as part of the record was given. |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | The inmate has been advised that within 15 days a request for a formal review may be submitted and that this request must contain specific reasons for the review. |

SEE APPENDICES

witness sheet
~~test~~

NAME(S) OF HEARING EXAMINER/COMMITTEE
 (TYPED OR PRINTED)

Kerri Cross

Hearing Report and all appended information must be signed. Signature indicates finished report with appendices.

Kerri Cross

SIGNATURE OF HEARING EXAMINER/COORDINATOR

DC-141, Part 2 E Misconduct Hearing Appeal		COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF CORRECTIONS	
DC Number EU 5850	Name RANKINE	Institution GCZ-SMR	No. From Part I A625801

I was found guilty of misconduct number #38 - on 10/22/03
(date)

by the Hearing Examiner, and I wish to appeal that decision on the following grounds:

Check Area(s) Involved

☒ a. the procedures employed were contrary to law, Department directives, or regulations;

☒ b. the punishment is disproportionate to the offense; and/or

☒ c. the findings of fact were insufficient to support the decision.

OCT 23 2003

Below is a brief statement of the facts relevant to my claims(s). It includes the identity of all persons who may have information that may be helpful in resolving this matter.

PRESENTLY the hearing examiner did NOT called my WITNESSES.

(2) I presented the two towels which were given to me when I lefted the RHU. therefore the evidence WAS INSUFFICIENT to support the verdict; since C/O Evans and C/O Coughenour have reasons for bias, to Fabricated this misconduct, After placing these cleaning rags in my cell. I have filed a number of grievances on C/O Evans and C/O Coughenour had malice towards me because I reported that he destroyed my incoming and outgoing mails; my requests to staff and my grievances.

To show the malice and hatred of C/O Evans and C/O Coughenour, these C/O's stole 78 book 30 magazines 3 library books; 1 tube Colgate toothpaste and 10 (H00) ENVELOPES and my RAZOR. From my cell and they did NOT ALLOWED ME to observed them while they were searching my cell on 10/14/03. Therefore the hearing examiner ERRED by Accepting these staff members report as credible without calling my witnesses. Thank You. Thank You.

Inmate's Signature Demick Rankine Date 10/22/03

DC-141		PART 3		COMMONWEALTH OF PENNSYLVANIA	
PROGRAM REVIEW COMMITTEE ACTION				DEPARTMENT OF CORRECTIONS	
<input checked="" type="checkbox"/> Misconduct Appeal <input type="checkbox"/> Periodic Review <input type="checkbox"/> Other					
DC Number	Name	Institution	Date of Review	No. from PART 1	
EU-5850	RANKIN, DERRICK	SCI-SMR	10/24/03	A625801	

PROGRAM REVIEW COMMITTEE'S DECISION AND ITS RATIONALE

The Program Review Committee is in receipt of your misconduct appeal. As instructed by DC-ADM Directive 801, Section VI.I.1.a., you have based your grounds for appeal of the Hearing Examiner's decision on the following: The procedures employed were contrary to law, Department Directives, or regulations; The punishment is disproportionate to the offense; and The findings of fact were insufficient to support the decision.

You were found guilty of #38, Class I, Category B - Destroying, altering, tampering with or damaging property.

You were subsequently assess the replacement cost of two (2) towels (\$8.30).

PRC has made the following decision based on a view of your appeal, the misconduct report, any relevant witness statements, and the Hearing Examiner's rationale and disposition. Your appeal is denied on all of your points of appeal. You are only permitted one (1) staff member as a witness, and your witnesses must have knowledge of the incident. Your request did not meet either one of these requirements.

The punishment is not disproportionate to the offense, and you have not proven otherwise.

Your comments to the officers at the time of the incident is sufficient enough to support the Hearing Examiner's decision.

DECISION RELATIVE TO HEARING EXAMINER'S VERDICT

☐ Not Applicable
 ☒ Sustain
 ☐ Sustain-Amend
 ☐ Refer Back For Further Study
 ☐ Exonerate Inmate

James of Program Review Committee Members	Signatures	Date
M. Larry Ament, CCPM		10/24/03
Sylvia Gibson, Dep. Supt., Cent. Serv.		10/24/03
Daniel J. Gehlmann, Major		10/24/03